

ENROLLMENT BLANK

College of Chiropractic Physicians and Surgeons:

I hereby apply for admission in the Physicians and Surgeons Class as above outlined, and enclose _____ dollars (\$10 S. F. Class or \$7.50 L. A. Class) first month's tuition, the same to be returned to me in case the class fails to materialize.

Name

Address Phone

* * *

California College Incorporation Bill*

How a Chiropractic School Changed Its Name

"The College Incorporation Bill (S. B. No. 131, Slater), now Chapter 719, Statutes 1931, will afford an added check on the schools that grant professional degrees. Hereafter incorporated schools that grant professional degrees (and it is now misdemeanor to grant such degrees unless duly incorporated) must file annually with the Superintendent of Public Instruction 'a verified report showing the number of students of said corporation, together with the names and addresses of said students, the course of study offered by said corporation, the names and addresses of the teachers employed by said corporation, the subjects taught by them, the degrees, if any, granted by said corporation and to whom granted, the curricula upon the basis of which such degrees were granted, and any other information concerning the educational work or activities of said corporation that may be required by said Superintendent of Public Instruction,' and failure so to do is a misdemeanor. This is a most valuable amendment to further curb the itching palm of the diploma-mill operator, who, faced with the Diploma Mill Bill (Chapter 79, Statutes 1927) and the amendments to the Civil Code governing incorporation of colleges, etc., will find his path beset with discouraging obstacles.

"The transition of a professional degree corporation is illustrated by the Cale College of Chiropractic, Los Angeles, which, according to the records in the office of the Secretary of State, filed articles of incorporation—capital stock \$10,000, Corporation No. 114029. On September 5, 1929, amended articles were filed changing its name to the Southern College of Chiropractic, reported by the Secretary of State as suspended May 1, 1931, on account of failure to pay the California State franchise tax. On October 6, 1931, amended articles were filed changing its name to 'College of Chiropractic Physicians and Surgeons.' This school is one of two California chiropractic schools reported as offering a course in medicine and surgery to their students in anticipation that through prospective legislation they will secure the right to unlimited practice as physicians and surgeons."

* * *

STATE INSPECTOR'S COMMENTS ON CHIROPRACTIC VIOLATIONS OF MEDICAL PRACTICE ACT

From the legal report of the northern district, as printed on page 24 of the 1931 "Annual Report of the Board of Medical Examiners of the State of California, the following is taken:

"Throughout the state the licensed chiropractors are administering to their patients any number of medical substances as remedial agents, in violation of the Chiropractic Law, which is an admission of the failure of the contention of the chiropractors that chiropractic is something new, and with but few exceptions throughout the state they are practicing medicine and attempting to become doctors of medicine by entering through the 'back door.'

"We have been unsuccessful in our efforts to curb some of these violators, as the facts presented as evidence are questions of law, which the average juror is incapable of determining, and the only solution seems to be some effort on the part of the Board of Chiropractic Examiners to enforce their law."

* Reprinted from page 16 of the "Annual Report of the Board of Medical Examiners of the State of California," 1931. Being document No. 91873 of the California State Printing Office, Sacramento, 1932.

SAN JOAQUIN TAX-SUPPORTED HOSPITALS

Medical economics in its different aspects will be considerably discussed at this year's annual session of the California Medical Association, to be held at Pasadena on May 2-5. The "Survey of the Medical Facilities of San Joaquin County, California," made under the auspices of the national Committee on the Costs of Medical Care is produced in a volume of some 230 pages, brought off by the University of Chicago Press, Chicago. The volume is sold at one dollar per copy.

The county hospital problem in San Joaquin has been before the profession for years. Because Chapter XII deals with the "Tax Supported Hospitals" of San Joaquin County, and discusses problems which exist in other California counties, it seems desirable to reprint in CALIFORNIA AND WESTERN MEDICINE what is stated in Chapter XII. Especially so, because in this way the report of the national Committee on Medical Care may in this manner be better called to the attention of the members of the California Medical Association. (See also editorial in this number of CALIFORNIA AND WESTERN MEDICINE, page 253.

Chapter XII, with the exception of a few paragraphs on the Bret Harte Sanatorium, is as follows:

CHAPTER XII

Tax-Supported Hospitals

Free medical care is made available to residents of San Joaquin County in two county hospitals and in an outpatient clinic attached to one of these institutions. The city of Stockton also supports an emergency hospital. In addition to these institutions, the Stockton State Hospital, which is a state hospital for the insane, is located in the county.

San Joaquin General Hospital.—In 1851, a board of supervisors made a contract with a physician "to take care of the indigent sick citizens of San Joaquin County in a general hospital and pest house for the term of one year, commencing August 22—furnish suitable buildings, furniture, beds, bedding, nursing, proper hospital supplies and medical attendance, and bestow the kindness, sympathy and encouragement their restorative merit enjoins; also bury the dead, if any, for the sum of \$3,400. . . ."

From this beginning has grown the present San Joaquin General Hospital, first called the San Joaquin County Hospital and Almshouse, an experiment in community provision of organized medical care. Since 1902, the policies of the hospital have been under the direction of only two superintendents, one holding office from 1902 to 1912, and the other since 1912.

The hospital has gradually expanded its service. In 1902 the Nurses' Training School was opened. Later additions were: In 1913 the tuberculosis ward, in 1923 a new contagious ward, in 1924 a new building for indigent-aged or "custodial" cases, in 1927 a new building for nurses, and in 1929 an observation ward for mental cases. Today the hospital is accredited by the American College of Surgeons, its school for nurses and its dietetic department are accredited by the California Bureau of Nursing, its clinical laboratory is approved by the California State Board of Health, and its tuberculosis patients are accepted for subsidy by the California State Bureau of Tuberculosis.

Policy.—The general policy of the hospital has made it the medical storm-center of the county for many years. This policy is to accept as a patient any resident of San Joaquin County regardless of his ability or inability to pay. The hospital makes it a routine procedure to send a single bill to every patient who makes use of its facilities. The amount of the bill is based on the following charges: Use of operating room, major operations, \$10; minor operations, \$5; anesthesia, \$5; x-ray, \$2 per negative; room and board and all other service, \$2 per day. No fees are charged for medical or surgical care, other laboratory services, or for dressings or laundry. No second bill for services is ever rendered and the hospital makes no further attempt to collect money from patients.

The policy of accepting any resident of the county at the above rates is not without certain self-limiting factors. Whereas two-bed rooms are available, it is the medical need, and not the economic status of the patient, which determines whether a patient shall be placed in a two-bed room or in a general ward. The medical need also decides the question of nursing: Once the patient enters the hospital his illness determines whether or not special nursing is to be provided. Thus, many wealthy patients who insist upon private accommodations and special nursing irrespective of the severity of the illness may prefer to go to other hospitals where their high incomes may purchase "luxury" medical care. On the other hand, if the San Joaquin General Hospital provides surgical and medical care of a higher order than that obtainable elsewhere

¹ Year Book, San Joaquin General Hospital School of Nursing, 1930.

in the county, wealthy patients may prefer to submit to the democratic policy of the institution for the sake of their strictly medical needs.

The fact that many wealthy patients have chosen the latter course precipitated a medical controversy concerning the policy of the hospital. The superintendent of the hospital has long been regarded as one of the leading surgeons of the county. Before September 1, 1928, his services for private patients were not available because he gave all of his time to the hospital. As a result, even the wealthy residents of the county could obtain his services only by entering the hospital and accepting the same facilities and treatment available to indigent patients. Certain of the patients who were able to pay for private accommodations in other hospitals were probably glad enough to reduce the costs of their illnesses, but from the evidence observed it is the author's opinion that a great majority of the well-to-do patients entered the hospital, not because of the low cost of its services, but in spite of it.²

Attitude of the County Medical Society.—At regular intervals the county medical society passed resolutions condemning the policy of the county hospital. The actions of the society were largely concerned with the following complaints:

- (1) The failure of the hospital to organize a visiting staff.
- (2) The acceptance of patients, excepting in emergencies, from outside the county.
- (3) The policy of the hospital in accepting "able-to-pay" patients.

The first criticism has now been allayed by the appointment of a visiting staff, serving without pay, from among the practicing physicians in the county. While the superintendent was employed on a full-time basis until September 1, 1928, he was assisted by a full-time staff of resident physicians. The full-time staff, consisting of five physicians, still remains at the hospital, but there has been added a visiting staff of seven practicing physicians selected by the superintendent who is himself now on a part-time basis. The visiting staff provides services in eye, ear, nose, and throat, genito-urinary, obstetrical, orthopedic, and internal medicine cases. Each member, with the exception of the doctor in charge of the orthopedic services, gives one morning weekly to his service; orthopedic service is given two mornings a week. In addition, the specialists in obstetrics and internal medicine are available at any time. Although patients who are admitted to the hospital cannot select their private physicians, physicians are allowed to care for certain of their private patients as a courtesy. According to the superintendent, the physicians in the county seldom ask for this privilege.

The superintendent considers that there are advantages and disadvantages in this new plan of operation. The main advantage is that a specialist is in charge of each type of service. The disadvantages are that the services are not continuous, hence cases are not given the rapid attention many of them should have. Some trouble arises with the nurses as a result of verbal orders left by the visiting staff. Although the members of the resident staff are always available, they hesitate to issue orders for cases under the care of a member of the visiting staff. According to the superintendent, this plan of operation brings up the question as to whether it is better to have a leading specialist take charge of a case which has not previously been under his observation, and which he sees at weekly intervals, or to assign to the patient a physician of average ability from the beginning of the case to its end.

The second criticism of the county medical society proved to be unfounded. It was discovered that, at least in the present operation of the hospital, no such criticism was merited. Only in emergencies, such as accidents, are patients from outside the county admitted without formality. As an example of other admissions, during an interview with the superintendent, the Red Cross worker in Amador County telephoned that a woman in that county was, according to her physician, in need of surgical attention not available there. On the assurance that the physician recommended the admission of this patient as an indigent case and that the Red Cross guaranteed expenses the patient was accepted. The superintendent said that such emergencies occur very seldom. Only three tuberculosis cases coming from outside the county were reported and these were accepted at the request of the counties and the State Tuberculosis Bureau. The charge of these patients is made directly against the counties from which they come.

The third criticism, that the hospital accepts patients who are able to pay has, however, excited the greatest amount of discussion and the greatest number of condemnatory resolutions from the county medical society. As early as 1908 a resolution was passed by this body condemning the policy of the hospital in admitting patients who could afford to pay.

Since 1920 the minutes of the meetings of the society and of its board of directors show more or less regular action taken against the policy of the hospital. One practice, now no longer current, and formerly particularly

condemned, was that which allowed the supervisors to issue permits for people who desired to enter the county hospital. Under this system there was danger of excessive utilization of the hospital facilities and of a very wide distribution of supervisors' patronage.

A number of investigations (the last in 1929) were made by committees from the county medical society. In 1921, the committee which had been appointed by the medical society to investigate the admission of pay patients at the county hospital reported that they had received only eight definite complaints from physicians against the admission to the hospital of citizens who were well able to pay for private service. The committee considered this small number in relation to the 2,400 patients passing through the hospital that year and decided that no further action should be taken.³

In 1925 the society again appointed a County Hospital Relations Committee for the purpose of working with the "County Hospital and allied societies to prohibit the admission of pay patients and to further the idea of a medical staff at the hospital."⁴ The next year a motion was passed that the board of directors of the society employ legal advice to force the San Joaquin General Hospital to refuse all pay patients.⁵ This action followed the opinion given by a local attorney that the board of supervisors was overstepping its legal authority in permitting the hospital to accept pay patients.⁶ In his statement the local attorney reported that the attorney general had been called upon many times to interpret the intentions of the legislature with regard to the purpose for which the San Joaquin General Hospital had been designed. The attorney general indicated in his report that "pay patients should only be admitted where the county has no hospital other than the county hospital, or in the case of epidemics." He recommended certain procedures which the county medical society might follow to bring to an end the hospital policy which they criticized.

During these years of controversy between the local medical society and the hospital administration, the general public took little or no part. In 1928, however, the issue of eligibility to hospitalization in the county hospital took a political turn. One supervisor, in particular, based his campaign on the platform that the county hospital should be open to all residents of the county. During this campaign the people of the county probably received more education concerning the general availability of county hospital services than at any time before. The supervisor was elected on his platform and the result of the campaign proved that the voters were not greatly concerned over the possibility that they might be paying through taxes the hospital bills for able-to-pay-patients.

A report dated May 2, 1929, from the local attorney who had previously assisted the county medical society apparently closes the question of official action to be taken by the society. The report reiterates the statement concerning the illegality of the hospital's accepting pay patients. The following statement from this report is of interest: "Apparently the continuous action of your Committee has brought considerable results for the reason that when the examination of the books was made at the time of the appointment of the Committee it appeared that about 20 per cent of the occupants of the hospital were pay patients and a number of them were men of wealth, while at the present time this number has been greatly decreased and a present check ending April 30, 1929, does not find a single person, with possibly one exception of the so-called 'able-to-pay' patients. There are, of course, some of those who are receiving treatment who might be classed as pay patients, though an examination of the general surroundings indicates that under the rule which we propose to establish they would be admitted for treatment."

The final report of the committee appointed in May, 1928, to investigate the hospital was made in June, 1929. This report advised against court action and stated that "in the opinion of the members the instances of 'able-to-pay patients' being admitted to the hospital are diminishing in number." This opinion was based upon check-ups in the hospitals when no "able-to-pay" patients were found under treatment.

In October, 1928, the superintendent withdrew as full-time director of the hospital and gave half his time to private practice. Those patients who had gone to the county hospital solely because it was the only way in which they could obtain his services engaged him as a private practitioner. The total fees which this surgeon collected during the year not only indicate that his entry into private practice took pay patients from the county hospital but also suggest the possibility that his increased clientele has encroached upon the practice of other physicians in the county.

In this connection, there also arises a question of how much the burden of carrying patients who are only partially able to pay has now been thrown back on the shoulders of private practitioners. Of course, the portion of the superintendent's present private surgical practice which would have gone to the General Hospital under its policy of refusing to provide private rooms and special nursing care, except in those cases requiring this service, cannot be determined.

Based upon the statements made by the members of the investigating committee of the San Joaquin County Medical Society and the minutes of the society, it is the

²There is little doubt that many well-to-do individuals were hospitalized in the general hospital, especially prior to October, 1928. The hospital records of income from patients show that for the three years, 1927, 1928, 1929, collections totaled respectively, \$14,426.48, \$10,241.58, \$7,363.00. That many of the well-to-do patients sought the surgical service of the superintendent is shown by the abrupt drop in monthly income beginning October, 1928, prior to which date the superintendent's services were not available except to patients in the hospital.

³Minutes of the San Joaquin County Medical Society, regular meetings, November 18, 1921.

⁴Minutes of the regular meeting, January 8, 1925.

⁵Minutes of the special meeting, May 18, 1926.

⁶Minutes of the meeting, February 3, 1927.

investigator's opinion that the county hospital, as it now operates, cares chiefly for indigent patients and those who, while not indigent, might be pauperized if they were required to carry the burden of hospital and other expenses for medical care. Likewise there is little doubt that certain well-to-do patients even now take advantage of the hospital's policy. The entrance of even one of these individuals adds fresh fuel to the flames of controversy.

One of the major complaints of physicians concerned the lack of a social service department to supervise the admission of patients to the San Joaquin General Hospital. The hospital has had some experience with this type of service in an attempt to classify patients according to their ability to pay. Two social workers were at one time employed for this purpose. However, according to the superintendent, the procedure created so much opposition that the department was abolished. Apparently, since the hospital is supported by taxes, the general public believed that all taxpayers should be eligible to free service. At present no social service work is carried on except that the hospital follows a routine procedure of writing to all surgical patients during the third and sixth month following discharge and requesting that they appear for re-examination.

Services.—As stated in Chapter VII, the facilities of the San Joaquin General Hospital are more extensive than those of any other institution in the county. This is the only institution which admits communicable diseases, and it has gradually added beds for the care of moderately advanced and advanced cases of tuberculosis, a ward for the observation of mental cases, certain facilities for dental care, and additional equipment for diagnosis and treatment. That the dental care provided is rather limited is shown by the report of 437 examinations, 60 fillings, 1,890 extractions, two dentures and a few surgical cases during 1929.

The constant demand for hospital care is indicated not only by the occupancy rate of 100.9 per cent (Table 40), but even more by the surgery record and by advance appointments for this service. These records show that during 1929 a total of 1,243 patients received surgical care in the one operating room in the hospital. Of this number, 859 (69 per cent) were minor surgical cases, and of these, 731 were tonsillectomies. Most of the tonsillectomies were referred by the District Health Department. The surgical appointment book gives further evidence of the demand for surgical care. Listed for service between August 1 and December 9, 1930, were 379 advance appointments. Of these, 284, or 75 per cent, were for removal of tonsils and adenoids.

During 1929, a committee appointed by the supervisors to investigate the condition of the county courthouse was given the added task of inquiring into the adequacy of the physical plant at the General Hospital. Early in 1930, the committee recommended that the hospital facilities and capacity for surgery be immediately increased and that a plan be developed to replace the present outworn buildings. As a result, construction on the new 110-bed surgical unit to cost \$270,000 was begun and plans were drawn for a 500-bed hospital eventually to replace the present 400-bed institution.

Costs.—As already stated in Chapter VII, the San Joaquin General Hospital accounts are not divided to show the costs per patient and the costs per custodial inmate. Furthermore, the hospital operates a large farm and produces its own dairy supplies and a certain amount of meat and vegetables. So far as can be determined it appears that the farm is operated at a loss though the hospital "purchases" foodstuffs from the farm at current market prices.

The hospital in its own records shows a patient-day cost of \$1,689. This amount, however, should be recalculated if it is to be compared with the operating costs of similar institutions. In its computations, the hospital subtracts the following items from the total costs of \$303,632.26 reported by the auditor for the fiscal year, July 1, 1928, to June 30, 1929:

Income from pay patients	\$7,362.58
Tuberculosis subsidy ⁷	5,473.33
Bret Harte laundry ⁸	4,457.08
Detention home provisions	247.84
Eggs sold	4,128.47
Miscellaneous cash sales	2,835.66
Hogs sold	2,539.52
Outlay for fixed property and equipment	9,106.43
Structural and nonstructural improvements	5,298.71
Total	\$41,449.62

Obviously certain of these items should not be subtracted from the operating costs if a patient-day cost is desired which will be comparable with those of other institutions. Furthermore in computing its patient-day figure the hospital does not include depreciation and interest.

In recomputing for this study the patient-day costs of the hospital, all the items listed above except the first and second are deducted from the auditor's figure of \$303,632.26. The remainder becomes \$275,019. To this amount are added items of interest on capital investment at 5 per cent (\$28,877), depreciation on buildings calculated at 2 per cent (\$8,629), and depreciation on equipment at 10 per

⁷ A grant made by the state on the basis of \$3 per patient-week toward the care of tuberculous patients.

⁸ The laundry plant attached to the San Joaquin General Hospital also serves Bret Harte Sanatorium.

cent (\$13,955). The total costs are, therefore, estimated to be \$326,480.

The hospital reports 150,056 patient-days. Since the estimate includes both custodial-days and infant-days, this figure must also be revised. Infant-days are estimated as 3,000⁹ and, when subtracted from the patient-days reported, leave approximately 147,000 days to be divided between actual patients and custodial inmates. Custodial-days, assuming 81 custodial inmates, are estimated at 29,565¹⁰ and patient-days at 117,435.

An arbitrary figure of \$11¹¹ per custodial-day was assumed; or a total of \$30,000 for custodial care. Deducting this amount from the total costs (\$326,000) for the year leaves a remainder of \$296,000. Dividing this amount by 117,451 patient-days gives an average cost of \$2.52 per patient-day.¹²

The Out-Patient Department.—For a number of years prior to 1924, a clinic for the treatment of the indigent sick was operated by the City Health Department of Stockton. When, in this year, the San Joaquin Local Health District was formed, an agreement was reached by the District and the Board of Directors of the County Medical Society whereby the society undertook the operation and staffing of the clinic under the general direction of the District Health Officer. The clinic operated with little satisfaction either to the Health District or to the medical society.

In May, 1926, at a special meeting of the medical society, the District Health Officer reported certain suggestions made by the County Board of Supervisors and the Superintendent of the General Hospital for the operation of the clinic. It was suggested that the clinic, staffed by the medical society, should virtually be operated as an out-patient department of the county hospital examining patients for admission and giving care to ambulatory patients, and that these services should be available to all residents of the county. The supervisors are reported to have said that unless the medical society accepted their suggestions they would establish a clinic for the indigent sick elsewhere than at the Health Center and that this clinic would be conducted by the staff of the county hospital.

The medical society considered these proposals and at a later meeting approved a motion that a conference be held with the view of turning the clinic operations over to the supervisors. Following this action the San Joaquin General Hospital established its out-patient department in Stockton in a building occupied by the Welfare Bureau, and the Health District Clinic was closed.

In a short time the need for enlarging the clinic became acute and, in 1928, the superintendent of the county hospital requested the medical society to organize a staff on the previously suggested basis of admitting to treatment any resident of the county. A committee appointed by the Board of Directors of the County Medical Society reported against the plan and this report was accepted.¹³

The medical society's official action did not prevent the organization of the clinic staff. Certain physicians granted the request of the superintendent, and now six are giving their services at regular hours during the week. The director of the clinic is on a full-time basis and the services rendered include all ambulatory cases with the exception of venereal and other communicable diseases. Venereal cases are referred to the Health District Clinic and other communicable disease to the San Joaquin General Hospital.

Regular hours are devoted to the following clinics: Prenatal and postnatal, postoperative releases from the county hospital, gynecological, pediatric for preschool and school children, diabetic, orthopedic, and eye, ear, nose, and throat. Dental cases are referred to the county hospital.

Except for those cases applying for admission to Bret Harte Sanatorium there is no social service connected with the out-patient department. The economic status of the patient is not considered and the only requirement for eligibility to treatment is three months' residence in the county.

The facilities for treating the large number of patients who apply for care appear to be inadequate. During the investigator's visits to the clinic the waiting room was crowded and the shortage of examining rooms involved delays. According to the annual report of the San Joaquin General Hospital, 6,199 new patients were admitted and, of these, 1,952 were referred to the hospital and 420 to the Health District clinics. Total treatments numbered 14,135.

The cost of operating the clinic with its paid staff of a director, one full-time nurse, and one part-time nurse was \$4,575 during the fiscal year. Of this amount \$4,181 was for salaries.

Bret Harte Sanatorium.—The Bret Harte Sanatorium, located east of Stockton in Calaveras County, was constructed in 1927 for the care of incipient cases of tuberculosis. Through an agreement between the officials of San Joaquin and Calaveras counties, care is provided

⁹ Computed on the basis of approximately 10 days per infant delivered in the hospital.

¹⁰ A hospital census on July 24, 1930, showed 81 custodial inmates in the institution. This number multiplied by 365 is accepted as approximating the total custodial-days for the year.

¹¹ The hospital superintendent considered this a reasonable estimate.

¹² It should not be forgotten, however, that this figure now includes "fixed charges" (i. e., interest and depreciation on capital investment), although customarily these items are not included in costs per patient-day.

¹³ Minutes, Meeting of Board of Directors of County Medical Society, April 23, 1928.

for the patients from the latter county which is assessed for one per cent of the cost of operation. The sanatorium is primarily a teaching institution and only those patients who are willing to cooperate toward this purpose are permitted to remain.

The Emergency Hospital.—The Emergency Hospital is supported through the city tax funds of Stockton. Anyone is eligible for first aid and in many minor cases care may be given by one of the three nurses employed. Certain badly injured patients may remain in the hospital overnight, nine beds being provided for this purpose. Other facilities include an operating room and two clinic rooms, and space is also provided for the dental clinic operated by the county health organization. The medical staff includes one permanent part-time member who appoints other practicing physicians in Stockton to serve without pay. Each member of the staff is nominally on call for six hours per day, the permanent member being called for serious cases or when no other member of the staff is available.

It was reported that the Emergency Hospital physicians after giving emergency treatment accept cases for private care only upon request of injured persons. However, during the interviews, certain physicians complained that the hospital did not call them in for their own patients and also criticized the lack of rotation in the emergency staff.

No fee is charged for the emergency service. During the year, care was given to 6,786 surgical cases and to 550 medical cases, and, in addition 3,703 dressings were applied. Of the surgical cases, 1,079 were due to industrial accidents for which no charge was made against the insurance companies. The total cost of operating the Emergency Hospital was \$15,635.

CLINICS—AND CLINICS *

A NEW (?) METHOD FOR INAUGURATING CLINICS

California Osteopathic Association
Office of the Legislative Director

400 Black Building
Los Angeles

February 8, 1932.

Dear Pastor:

In every community many children are now suffering for lack of proper health care because their parents are unable to pay for the services of a physician. To help meet this condition the Los Angeles Osteopathic Society, a division of the California Osteopathic Society, is ready to establish a number of free Child Welfare clinics. If your church has a room which could be used a few hours a week for this purpose, the Society will furnish competent physicians to conduct such a clinic. Diagnosis, treatment, health advice, and scientific instruction on diet will be included in the free service to be rendered.

We are ready to cooperate with you in this much-needed work. If you will fill out and mail the enclosed blank, we shall be glad to make an appointment with you for a conference at which the necessary details can be arranged. Or if you prefer, a telephone call to Tucker 9547 will serve the same purpose.

Yours very truly,

CALIFORNIA OSTEOPATHIC ASSOCIATION.

_____, D. O., President.
LOS ANGELES OSTEOPATHIC SOCIETY.

_____, D. O.
_____, D. O.
Committee.

1 1 1

Reply Blank—Please fill out and return.

_____, 1932.

Los Angeles Osteopathic Society,
707 Detwiler Building,
Los Angeles, California.

The _____ Church will be glad to place at your disposal for a few hours a week a room in which a Child Welfare clinic can be carried on. I shall be glad to confer with your Director of Clinics regarding arrangements.

_____, Pastor
Address _____

* See, also, some editorial comments in this number of California and Western Medicine (page 252).

A BLOOD TRANSFUSION—WITH AN EXPLANATION OF ITS POWER

The Los Angeles Times of March 7 recently gave considerable space to a write-up of a blood transfusion to a California Evangelist of the gentler sex, whose name and experiences in recent years have occupied much space in some of the lay press. The blood transfusion was administered by two doctors whose names are found printed in the list of osteopathic licentiates, published by the Board of Osteopathic Examiners.

Some excerpts from the newspaper item referred to are here reprinted:

"_____, pastor of _____ Temple, was resting in the _____ Hospital last night after having received a transfusion of blood yesterday to correct a condition described by her physicians as secondary anemia, an ailment resulting from complete exhaustion.

The Evangelist, who collapsed in the temple last Sunday while attempting to deliver her fifteenth sermon during the course of a week, received a pint of blood in the transfusion, Doctors _____ and _____, her physicians, said. . . .

"Dr. _____ said the Evangelist was 'reacting normally to the transfusion' and will be able to leave the hospital tomorrow and appear at services in the temple Sunday, provided unforeseen developments do not occur.

"Mrs. _____ had the alternative of the blood transfusion or an enforced rest of at least a year,' the physician reported. 'She could not have continued with her work without one or the other. She had reached the point of complete physical exhaustion, from which she could only recover by either building fresh blood or acquiring some by transfusion. Should she fail to recover completely as a result of the transfusion, a rest of more than a year will be required.' . . .

"During Tuesday night hundreds of the Evangelist's followers prayed in watches at the temple for her recovery. Yesterday morning, while the transfusion was in progress, the entire congregation offered prayers for the operation's success, the majority going to _____ Temple to pray."

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Volume V, No. 4, April 1907

From some editorial notes:

We Aid Quackery.—Especially to those few physicians who have reproached the state journal for the amount of space it has devoted to the condemnation of nostrums, do we commend a careful reading of an address by Mr. Bok of the *Ladies' Home Journal*, reprinted in this issue from the *Journal of the American Medical Association*. In the last five years we have printed thousands of words, pages and pages of matter, condemning the ignorance of the physician who will prescribe for his patient a substance of unknown composition. And yet some of our members have continued on their criminally ignorant course. We should like to know how any physician can excuse himself for using _____, for instance, one of the rankest of nostrum frauds which, with the passage of the Food and Drugs Act, stopped using acetanilid and substituted therefor phenacetin! . . .

Opsonic Theory.—The field opened by the opsonic theory of Wright and others is so vast as almost to paralyze speculation. As the technique required is somewhat complex and delicate, actual results obtained by following out the natural lines of the theory must necessarily come to us but slowly. While much of the medical press of the world has given considerable space to discussing the opsonic theory and its possibilities, we have thus far avoided the discussions and have awaited further developments. Euthusiasts here and there have claimed unlimited possibilities and almost unlimited probable cures as the natural sequence of the development of Wright's work and theory; but it remains to be seen how elaborate and

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.